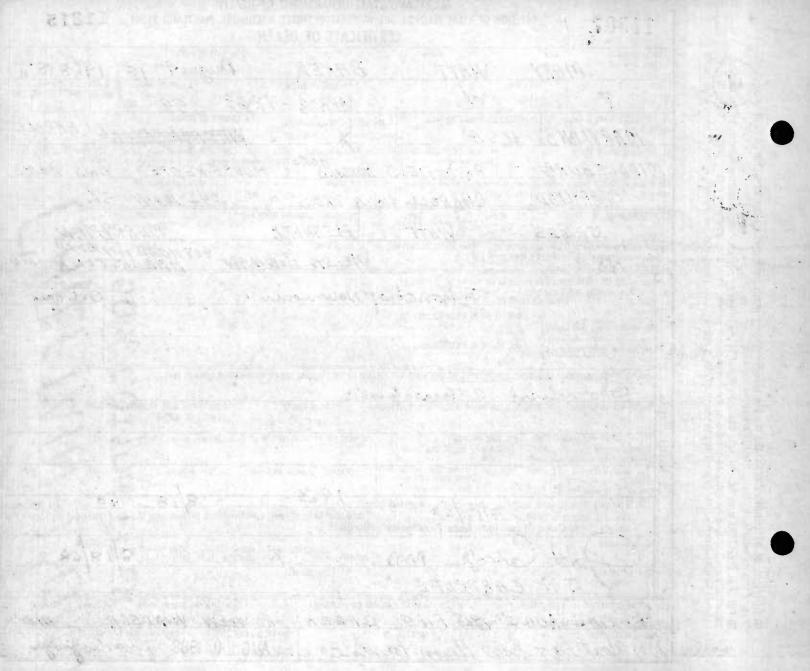
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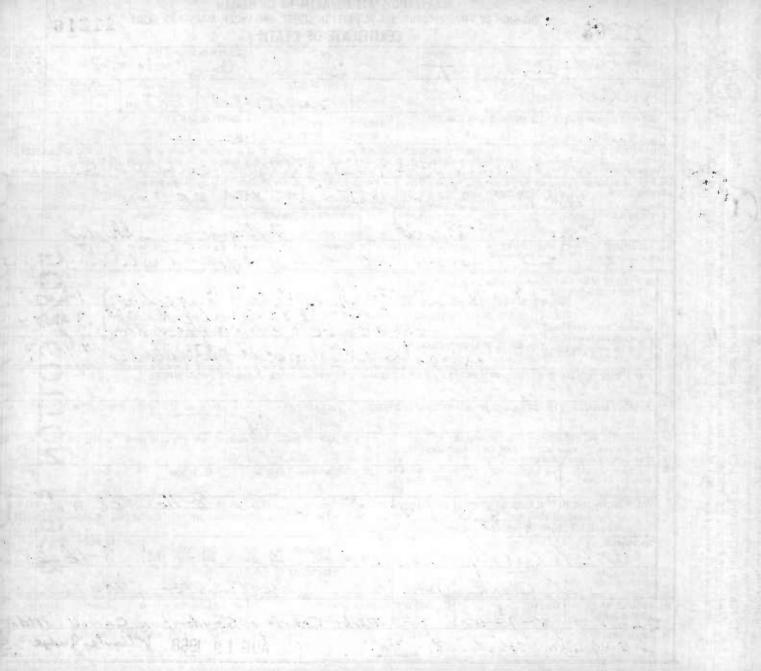
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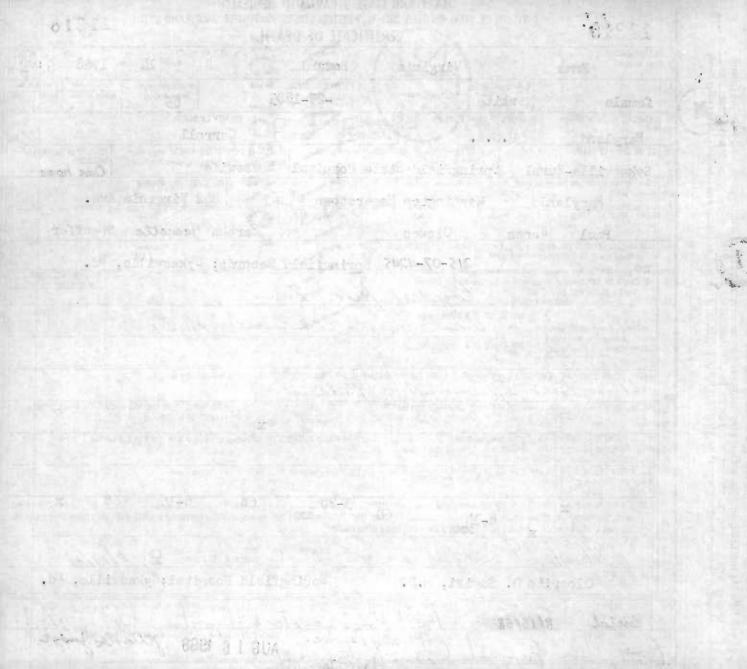
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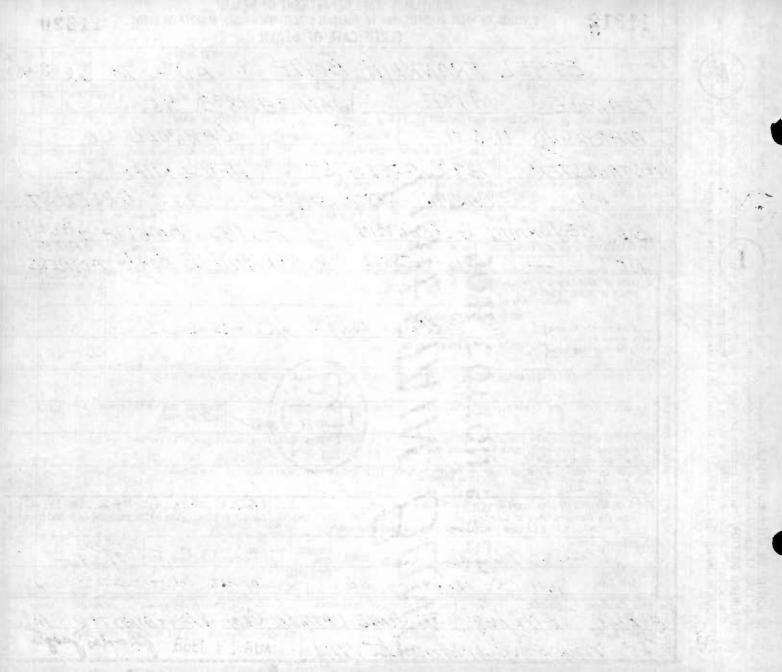
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5	13c odr	USUAL RESIDENCE (Where decear	sed lived, if institution: Residence to 13b. COUNTY Baltio.	efore 13c. CITY OR TOWN 13d. INSIDE CITY		
	14.	FATHER'S NAME First	Middle	ost 15. MOTHER'S MAIDEN NAME		Lost
	L	Thomas			Ella	Coster
	16	Yes, po or unknown) (If yes give	MED FORCES? 16b. SOCIAL SEC yor or dates of service) 213–48		Fisher, 304 Bryans	
		18. CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), a D BY:	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
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		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUEN		(122 = 11	3
		rise to immediate couse (a),	(b) // /O		FARCTION	3 WKS
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4	(BE			YES NO	CAUSES OF DEATH?	
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day	Yeor	er nature of injury in Part 1 or Port 2,	Item 18.)
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		22a. I certify that (I) (the	is hospital) attended the oblive an	ceased fram	oinian death accurred an the do	68, that (1) (we) last are and haur and from the
		225 SGWATURE	e_(I) (we)(did)(did nat) viev	the bady after death.	/ 1226	DATE SIGNED
		Muceust	1 le me		MED. STAFF DIRECTOR PHYS.	8/1/68
1	1	22d. PHYSICIAN'S NAME (Type)	1	22e. ADDRESS	SINCEPOR TIMES.	311 6-3 1
	23		DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) (State)
			Aug. 3, 1968 Lor	raine Park Cemetery	Woodlawn	Baltio. Md.
	0 34	FUNERAL DIRECTOR	02/ PAI	3 001 11/201	BY REGISTRAR 2Sb. REGISTRAR'S	
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MARYLAND STATE DEPARTMENT OF HEALTH 11312 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR A Middle 20. DATE OF DEATH 1. DECEASED-NAME First be executed within 24 hours ofter death (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years lost birthday) MONTHS bon papers. Pag within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED ANEVER MARRIED ond campletely filled in remove corbon papers. country) DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY and in ony event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Certifica Yes, no. or unknown) or removol, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) The law requires that the death PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF burial-transit p Conditions, if ony, which gove) rise to immediate couse (a), þ DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retoined by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate hos been Health prior to use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES -NO C 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) or OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year of flf either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while of work 220. I certify that (I) (this hospital) attended the deceased from... _19_8, and that in (my) (our) opinian death accurred an the date and have and from the saw the deceased alive on aug (0. causes stated abave, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURA 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, I should be HARSHEY 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) ADDRESS -FUNERAL DIRECTOR VR A15 4 30M REV. 1/68



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24 hours after

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be death, Page 4 be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove car be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event?

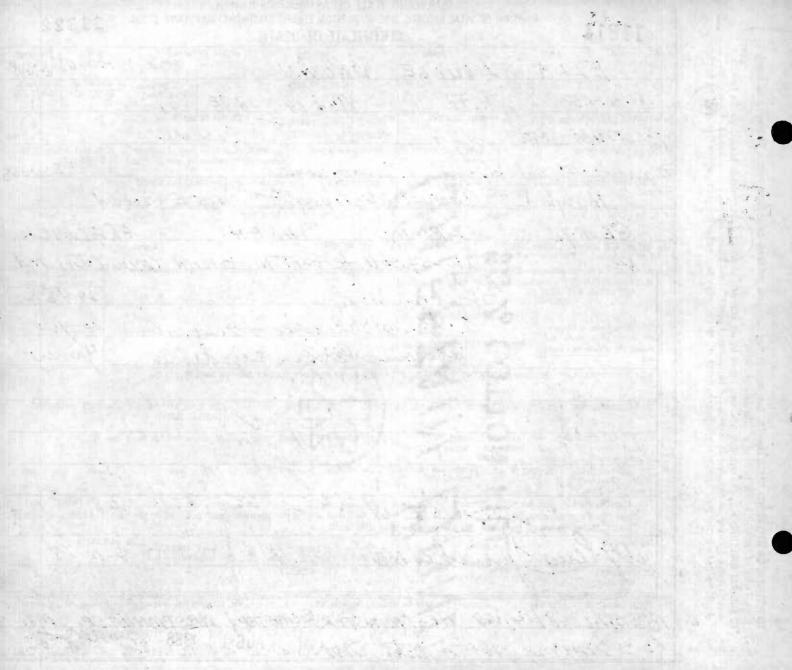
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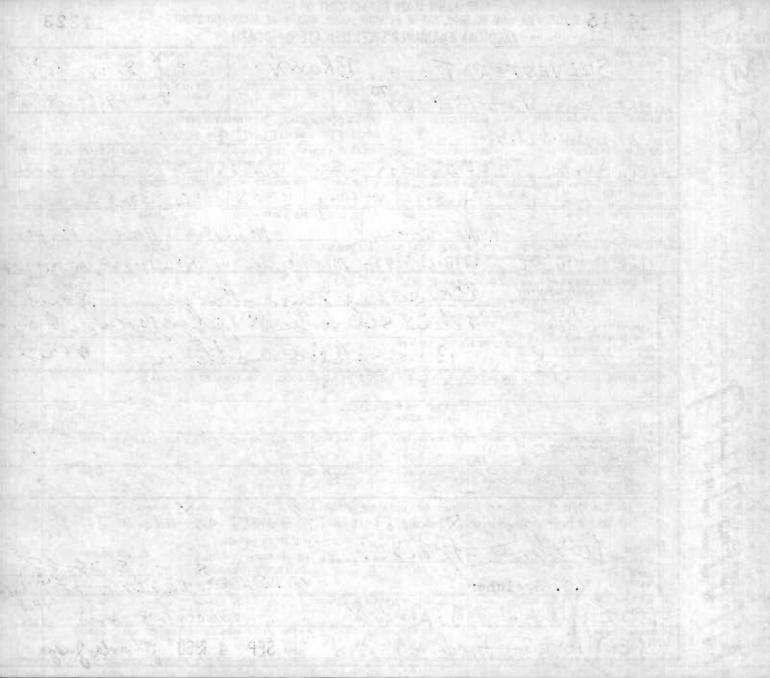
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11313 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
a. COUNTY MARYLAND	Maryland & COUNTY CALTO
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	
write RURAL and give negrest town)	Poltimone 21234
d. NAME OF HOSPITAL OR INSTITUTION (if not, in hospite), give street address)	Baltimore, 21234 d. STREET ADDRESS l. IS RESIDENCE
Le l. O. Strattlone	ON A FARM?
3. NAME OF DEITH Middle	2717 Glendale Road YES NO A
DECEASED	AN DAULest 4. DATE Month Day Yeer OF
(Type or print) Click Bertha	Brudell DEATH Aug. 25 19 68
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
bemale Whate WIDOWED DIVORCED	him 16 - 1881 St yrs. Months Deys Hours Min.
done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Germany U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gustav A. Bachmann	Bertha Frederick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) [(Ifyesgivewerordetesofservice)	INFORMANT Address
	r. Norman E. A. Long
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	() () () INTERVAL BETWEEN ONSET AND BEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	hal accheesing tule
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(a), stating the underlying DUE TO	
(6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED? YES NO X
2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1965, to 454, 20, 19,66, that (1) (we) last
saw the deceased alive on Lang 24 19 5 , and the	at death occurred at 12M, from the causes and on the date stated above.
228. SIGNATURE /////	22b. DATE
MM Masken 410	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
MAME (Type) ASTIN	Messemme. Ald.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	11 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
Burial 8/27/68 Oak Lawn (Semetery Baltimore Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Md. DATE AUG 2 9 1968 (Cartes)

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		EASED-NAME First	Middle Lost	2o. DATE OF	DEATH ~		2b. HOUR
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	3. SI	4. RACE	5. DATE OF	BIRTH	6. AGE (In years lost birthdoy)	IF UNOER 1 YEAR	IF UNOER 24 HRS.
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	14.	THER'S NAME First Middle	Last IS, MOTHER'S	MAIDEN NAME First	Middle	- IV	Last
		GEORGE 1	Deauth	SAPALL	E	Orno	202
•.	16a		SOCIAL SECURITY NO. 17. INFORMANT	771 11 17	Address	1511	100
	1	s, no, or unknown) (If yes give war ar dates of service)	0-54_5041/terb	OFT M. BM	UN Consa	m/ITW.	md
	-	18. CAUSE OF DEATH (Enter anly one cause per line Joy			UN CACIBIA	APPROXIMA	TE INTERVAL
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		Conditions, if any, which gove	Merin Scles	00. 6	0	10.4	10
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		stating the underlying couse DUE TO, OR AS A Class.	CONSTRUCTION OF THE STATE OF TH	Sin Perndi	B O	yeu	10
	Н	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1	O DEATH RUT NOT DELATED TO THE TERMI	NAI DISEASE OP CONDITION GIVEN	IN PART 1(a)	-/-	
		4500	O DEATH DOT NOT KEEKED TO THE TERM	HAL DISEASE OR COMPINION SIVEN	THE PART I(U)		
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2	FI	The same of or each first	YES [CALISES	OF DEATH?	TOTAL TOTAL CONTRACTOR OF THE	
	ERI	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJUI		OCCURRED (Enter noture of injur	v in Port 1 or Port 2 H	tom 181	
		OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. MOI	nth Day Year	CCORRED (Elliot Holote of Infor	y 111 TON 1 ON 1 ON 2, 11	10.7	
	MEDICAL	If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOL	19 ME, FARM, STREET, FACTORY, 21f. LOCATION St	reet or PED No. City	or Town	Caunty	State
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		t work at work (1) (this hospital) attended	the decorated from 2-7-	1968, to	8 - 10 10	5 8 that ((I) (wa) las
		22a. I certify that (I) (this hospital) attended saw the deceased alive on causes stated above. (I) (we) (did) (did)	-6 19 68, and that in (my) (our) opinian death o	ccurred an the dat	e and haur a	nd fram the
		causes stated above, (1) (we) (did) (did)	pot) view the bady after death.				
		22b. SIGNATURE	A A A DOCUMENT ATTEN	DING - MED -	CTAFF	ATE SIGNED	
		William Peri	her My DEGREE PHYS.	DING MED. DIRECTOR	PHYS. U	-10-68	1
1		22d. PHYSICIAN'S NAME (Type)	22e. A	DDRESS			o Link
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MARYLAND STATE DEPARTMENT OF HEALTH

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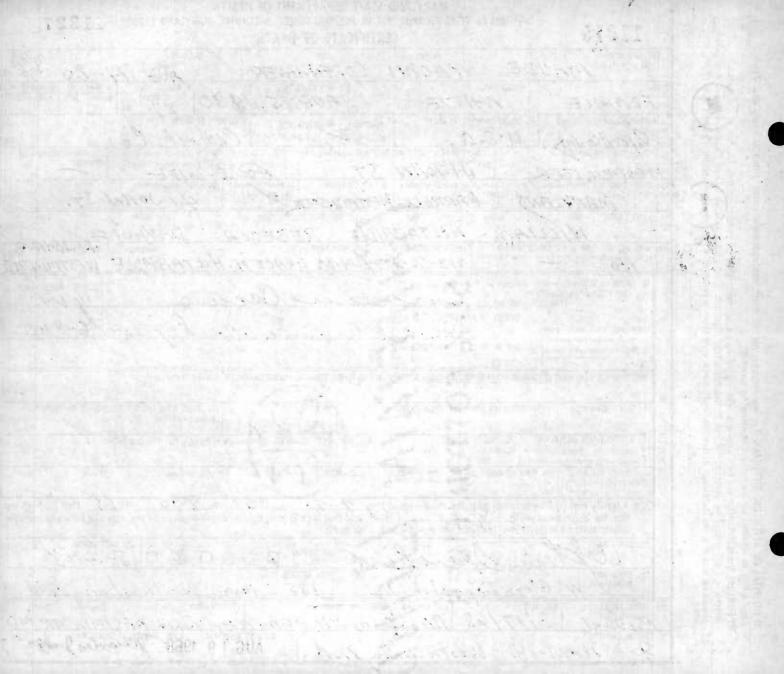
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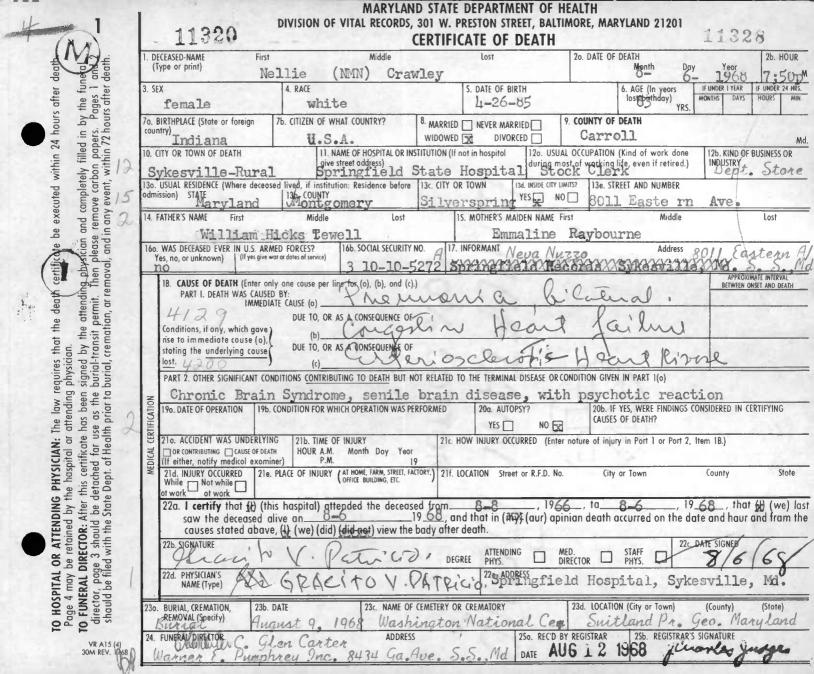
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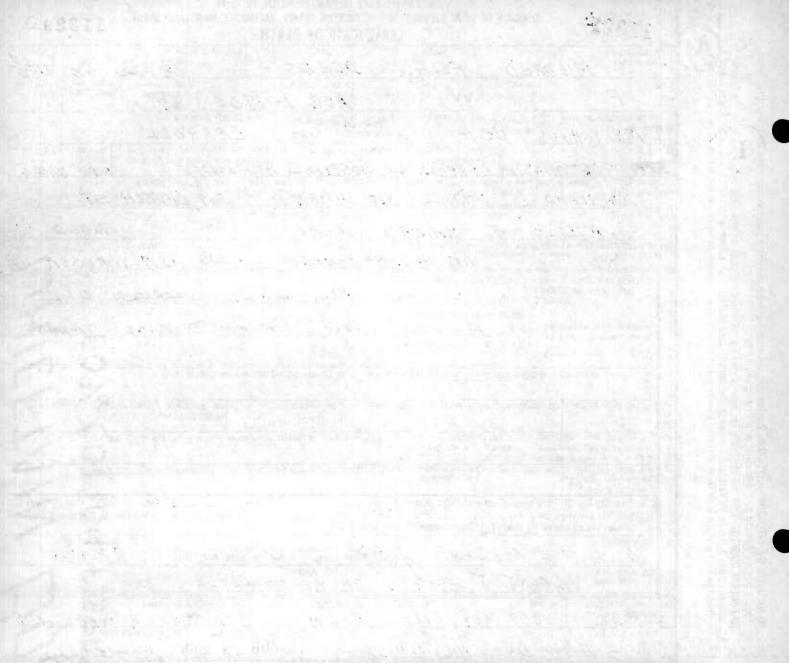
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MARYLAND STATE DEPARTMENT OF HEALTH





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MARYLAND STATE DEPARTMENT OF HEALTH

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- - -	V	21d. INJURY OCCURRED While Not while of wark 12 le. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State
TENDING med by the R: After to wuld be d the State		22g. certify that (1) (this haspital) attended the deceased fram November 15, 19, 43, to August 2519 68, that (1) (we) last
TENG ined OR: A auld the		saw the deceased alive an August 25 1968, and that in (my) (arr) apinian death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
R AI reta		22b. SIGNATURE ATTENDING MED. STAFF 22- PATY SIGNED
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TO HOSPITAL OR ATTENPAGE 4 may be retained to FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) AUG-28-1968 MT HOPE WOODS BORD MD
	24.	FUNERAL DIRECTOR ADDRESS SIGNATURE SOLUTION ADDRESS SIGNATURE 250. REC'D BY REGISTRAR 250. REGISTRARS SIGNATURE
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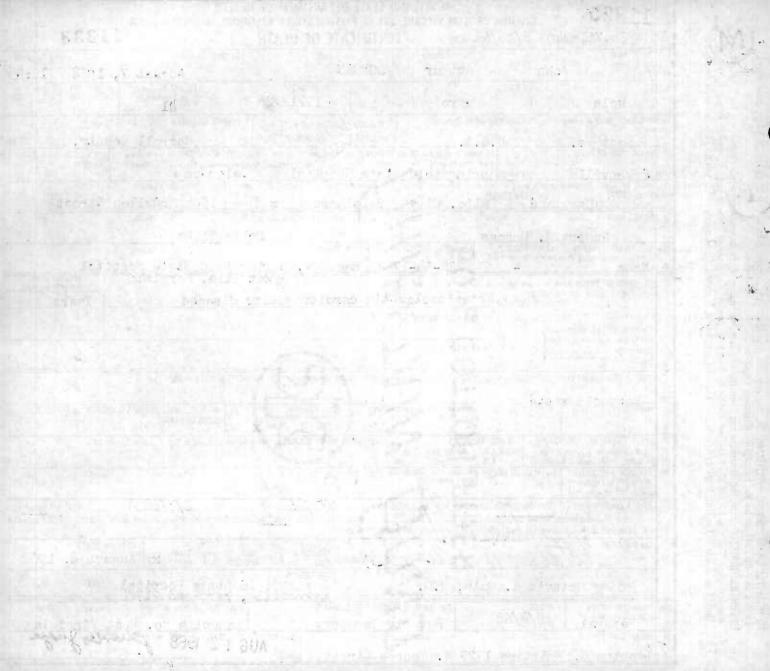
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physicion. **To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. The please remove carbon papers. Pages T and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal and in any event, within 72 hours after death.	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 216 - 24-7285 HOSPITTO RECORDS
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The law requires th attending physicion has been signed by se as the buriol-trath prior to buriol, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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DIN by be Sto		220. I certify that (1) (this hospital) attended the deceased from 5 , 1968, to 8 3 , 1968, that (4) (we) lost sow the deceased alive on 1968, and that in (may) (our) opinion death occurred on the date and hour and from the
TEN ined buld the	П	couses stoted obove, (*) (we) (did not) view the body ofter deoth.
A be	10	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
OR be 3		DEGREE PHYS. I DIRECTOR I PHYS. I 0/13/6 0
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for u should be filed with the Stote Dept. of Heali		22d. PHYSICIAN'S J.C. murphy m.D. 22e. ADDRESS 3670 HAMENYED. Baldimore mid.
O HOSPII Poge 4 m O FUNER, director,	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 ja 4		REMOVAL (Specify) 8/15/68 Lorraine Cemetery Woodlawn Md
VR A15 (4) 30M REV. 1/8	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 1985. REGISTRAR'S SIGNATURELY AUG 19 1988.
30M REV. 1/18	\L	Mitchell Wiedefeld Home 6500 York Rd. DATE AUG 19 1988 June 1988
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1333 Item23b.FilmGlo3 8/16/68 km CERTIFICATE OF DEATH First 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR within 24 hours after death by the attending physician and sampletely filled in by the funeral transit permit. Then please remave carban papers. Pages 1 and crematian, ar removal, and in any event, within 72 haurs after deoff (Type or print) August filled in by the funeral papers. Pages 1 and John Arthur DORCAS 6. AGE (In years 4. RACE S. DATE OF BIRTH IF HINDER 1 YEAR 3. SEX last barhday) HOURS 11/12/26 Negro Male 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) WIDOWED DIVORCED [Carroll County. West Va. 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
Springfield State Hospital during most of working life, even if retired.)
Salesman **INDUSTRY** mpletely Sykesville 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES 🗔 NO [Baltimore 150h McCulloh Street 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle 9 requires that the death certificate be Delia Tibbs Hubert M. Dorcas 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Records, Springfield State Hospital Sykesville, Maryland 234-34-1757 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

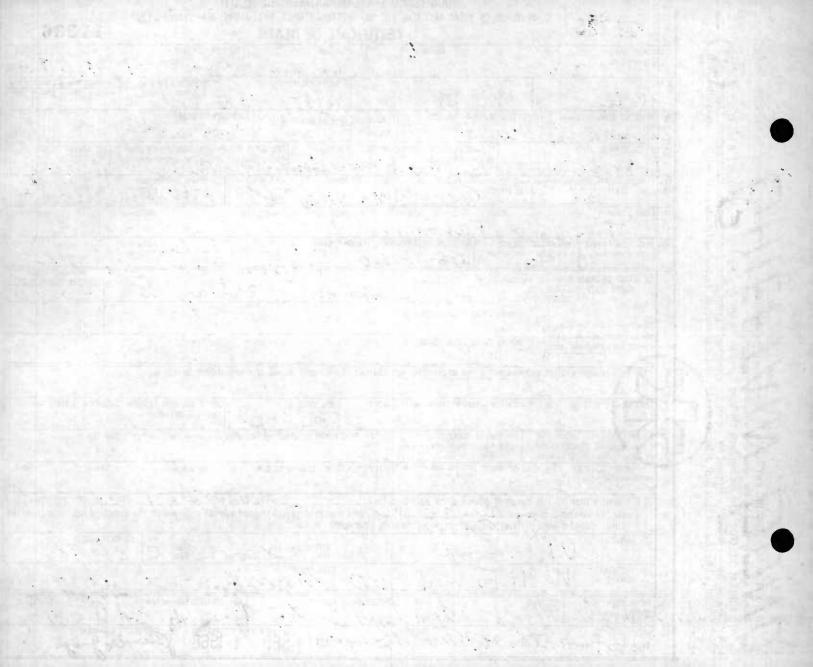
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease BETWEEN ONSET AND DEATH Years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-transit p rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on 8/7/68 19 ____, and n_____8/1/66_, 19____, ta____8/7/68_, 19____, that (I) (we) last , and that in (my) (aur) apinian death accurred on the date and haur and tram the saw the deceased alive on causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. KIND M BEGREE August 8, 1968 director, page shauld be filed PHYS 22d. PHYSICIAN 22e. ADDRESS Springfield State Hospital NAME (Type) Octavio A. Ruiz, M.D. 23b. DATE 3/8/68 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Removal Randolph o. West Virginia Beverly Cemetery 250. REC'D BY REGISTRAR 1968. REGISTENES SIGNIFICAN ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Arlington S. Phillips 1727 N. Monroe Street



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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after death	Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt	20	DUDIN COCHATIONS DOLLAR	W	HETERY OR CONTINUE	Im) location	714 4	000
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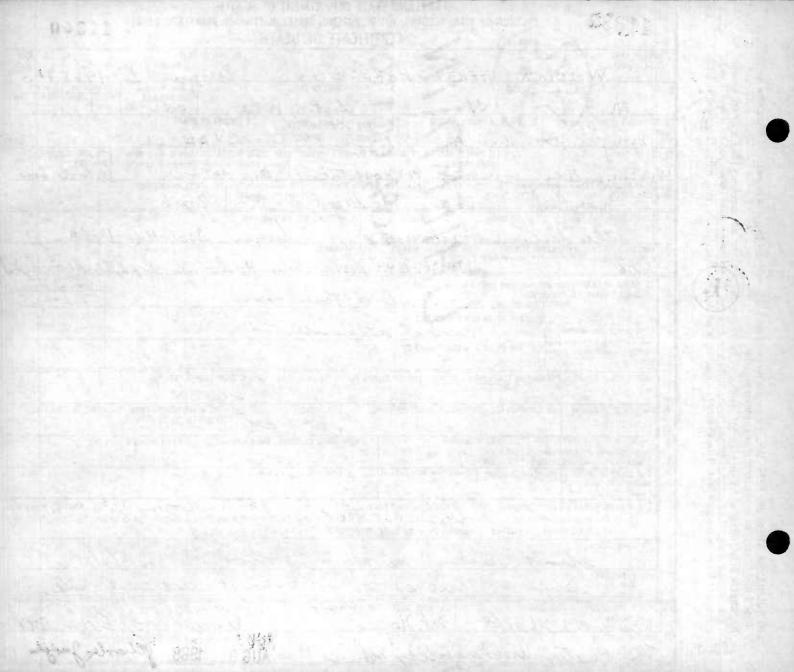


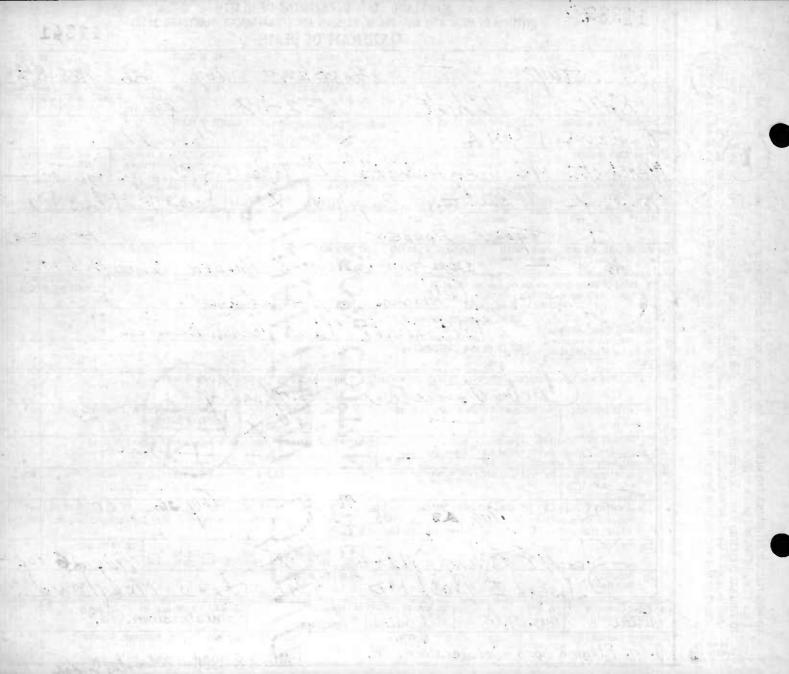
MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11337 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth Day Year 2b. HOUR (Type or Print) ESTI-Page 19 68 JANET ETHEL GOODWYN DEATH MATED delay 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR P.M.3. 10-5-44 White 1968 Female 9:10 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED TO 9. COUNTY OF DEATH 8. Give Pages 1, Carroll Texas U.S.A. WIDOWED | DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Springfield State Hospital during most of working life, even if retired.)
Unk Sykesville: INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery Silver Spring YES & NO ... 9709 Lorain Ave. 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Frank Goodwyn Elizabeth Ethel Miller 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within pencil (Yes, no, or unknown) Unk. Records, Springfield State Hospital APPROXIMATE INTERVAL be executed event within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Asphyxia DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave (b) Obstruction of the bronchial system by food rise ta immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Schizophrenic reaction, Catatonic type 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES X NO [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. Choked on food crematian, 8-20 19 68 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, affice building etc.)
Springfield State Hospital, Sykesville, Maryland, Carroll, Maryland 22a. I certify that I taok charge af the remains described above, held an Autopsy XI. Inspection . Inquiry and in my apinian Natural causes Accident X. Suicide . Hamicide death resulted from: Undetermined manner ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER 5 may b ro FUNER Health Glenn Speiche M. D. NAME (Type) W 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY Parklawn Cemeteru Rockville Mont 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME (5) Inc. 8434 Ga. Ave. S.S. Md.

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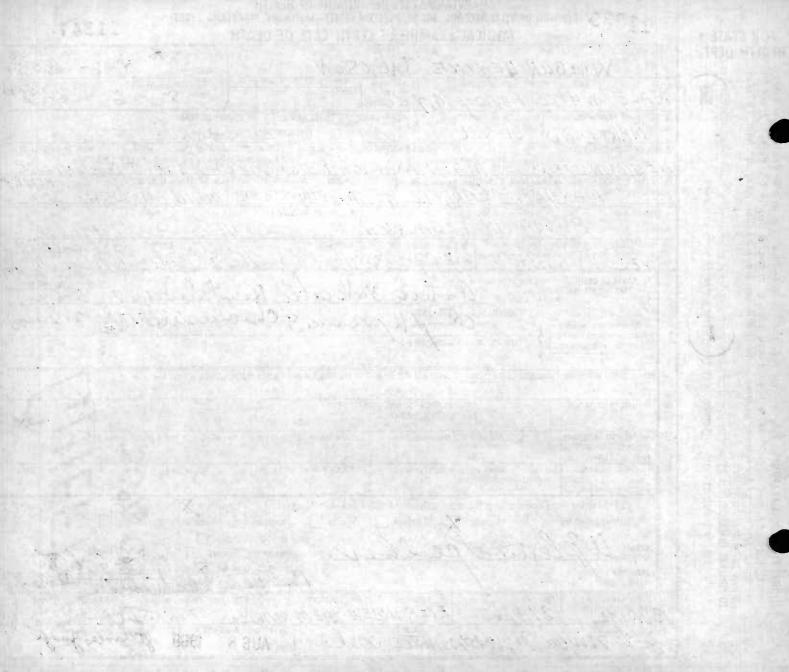
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11333 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11346 CERTIFICATE OF DEATH First Middle DECEASED-NAME Last 2g. DATE OF DEATH 2b. HOUR (Type or print) I-SSIT HUMBERT 6. AGE (In years lost birthday) 4 RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. ofter MONTHS DAYS HOURS fely filled in by the vithin 24 haurs 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? burial-transit permit. Then please remave carbon papers. burial, crematian, ar remaval, and in any event, within 72 h DIVORCED [WIDOWED T 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) / 2 during most of working life, ever if retired.) HOME 13a USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO 14 FATAFR'S NAME Middle Lost MOTHER'S MAIDEN NAME First and requires that the death certificate be 00 signed by the attending physician burial-transit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or upknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO AS A CONSEQUENCE OF Canditions, if ony, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) use as the lath CS1180 this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES -CTUR 216. TIME OF INIUR 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) JO HOUR AM OR CONTRIBUTING | | CAUSE OF DEATH (If either, natify medical examiner) director, page 3 shauld be detached should be filed with the State Dept. of (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. Tawn County -NW2 O FUNERAL DIRECTOR: After 22d. I certify that (1) (this hospital) attended the deceased from 3-23-68, 19. 1968, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive oncouses/stoted obove, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNAJUR 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22d. PHYSINIAN'S 22e, ADDRESS BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) Nr. Taneytown, Carroll Co. 8/30/68 Baust Church Cemetery 1968 REGISTALE SIGNATURE 250. REC'D BY REGISTRAR UNERAL DIRECTOR ADDRESS Littlestown, Pa. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

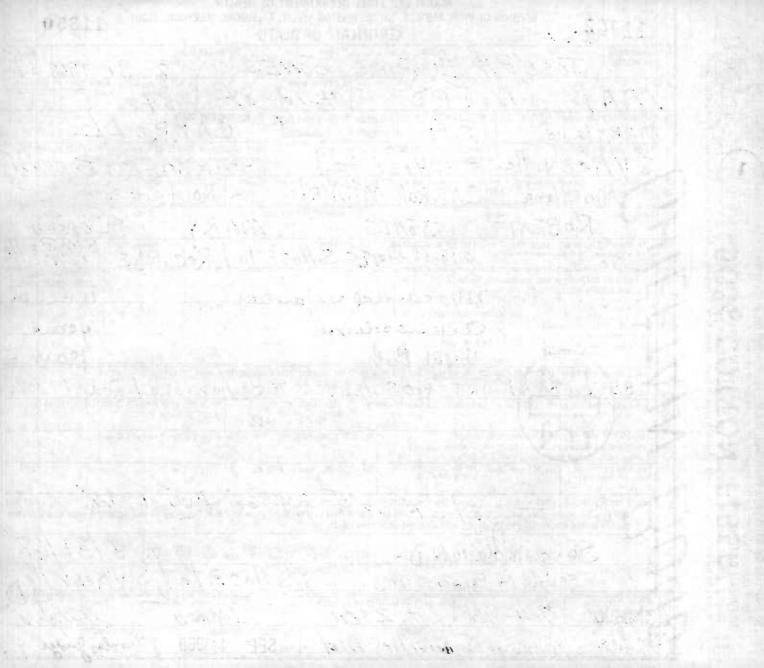
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1347 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) EST1-Page DEATH MATED 4 RACE 6. AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2, o... 8 50 MARRIED NEVER MARRIED 9. COUNTY OF DEATH the State De WIDOWED [DIVORCED A 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired, with 1 land 2 Office pencil in Item 1 after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 24 hours Examiner's 160, WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** (Yes, no or unknown) File = APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line (o) Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE transit Conditions, if ony, which gove shauld ! rise to immediate couse (a). the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) writing 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. PM CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry ond in my opinion death resulted fram: Natural causes Accident . Suicide [Undetermined manner FUNERAL **EXAMINER'S** 5 may O FUNE Health NAME (Type BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY (County 24. FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68

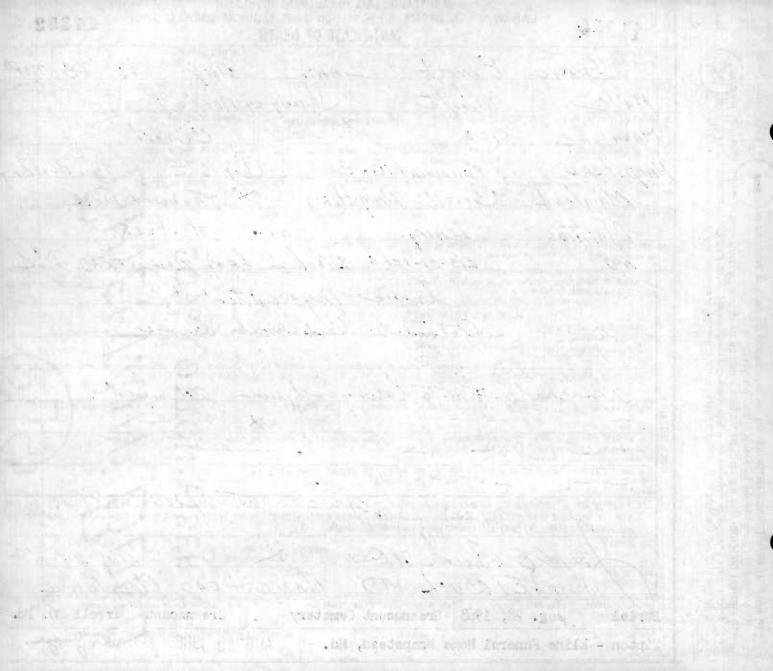


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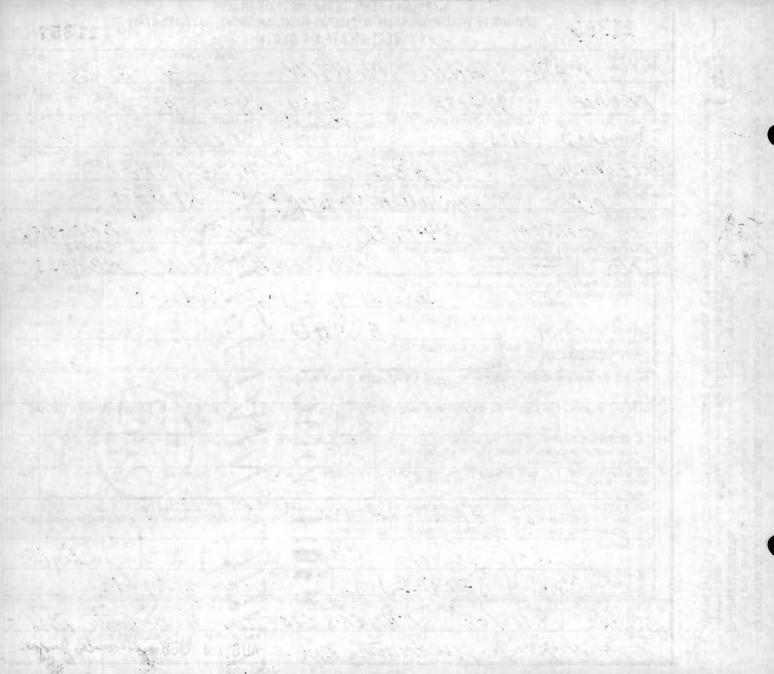
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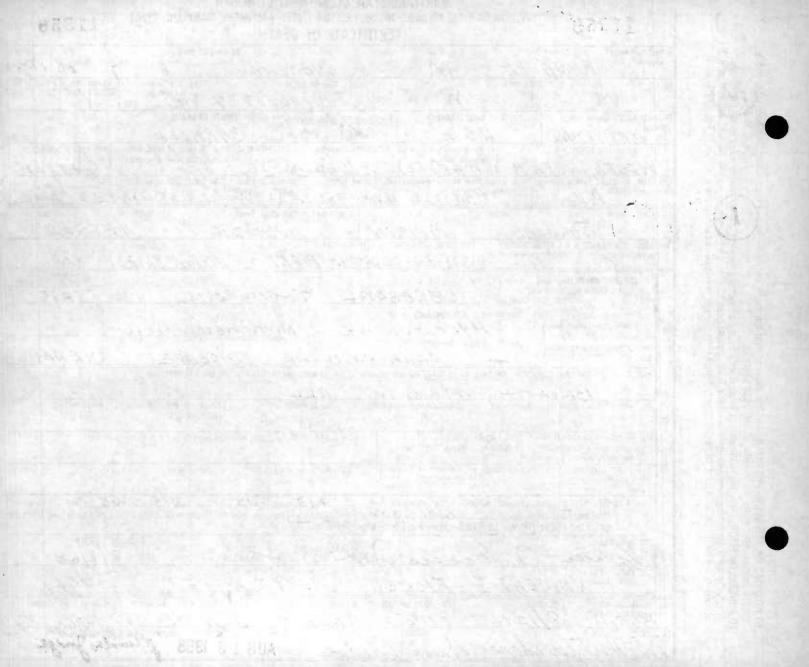
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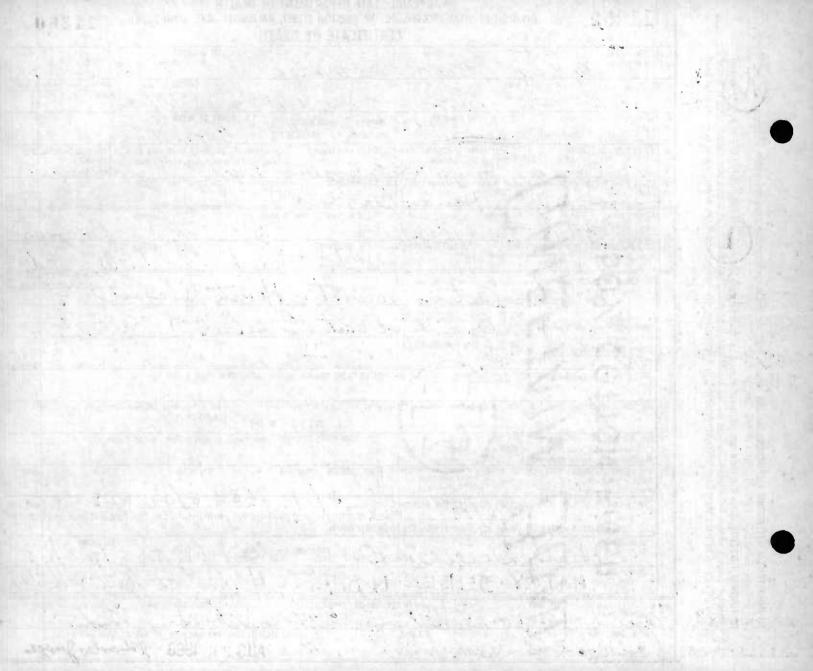


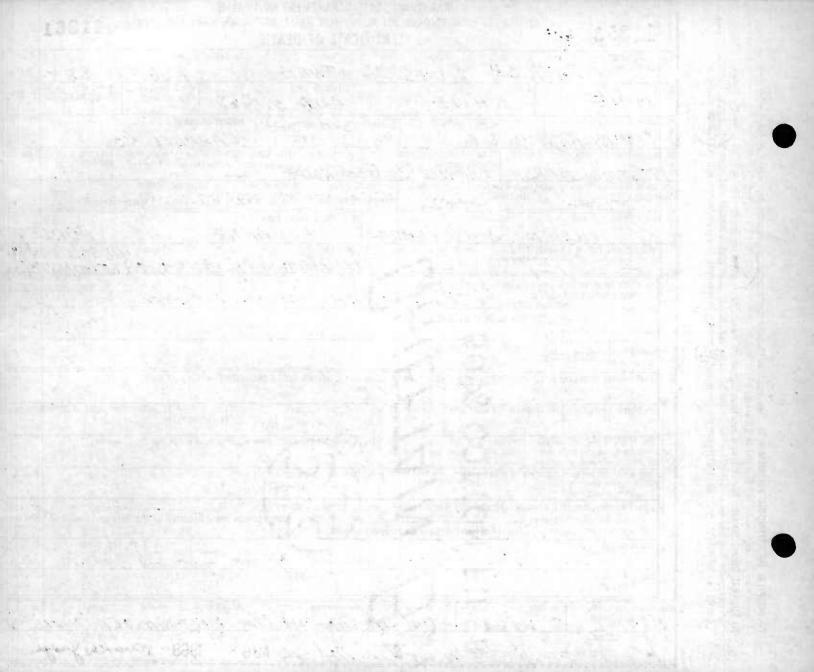


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(If either, noti	y medical exominer) P.M.	19			
While Not	work _		Plf. LOCATION Street or R.F.D. N		County State
22a. I certi	y that (I) (this haspital) att	ended the deceased fram	n ang 4 , 19	6 V, to day 8, 19	67 , that (I) (we) last
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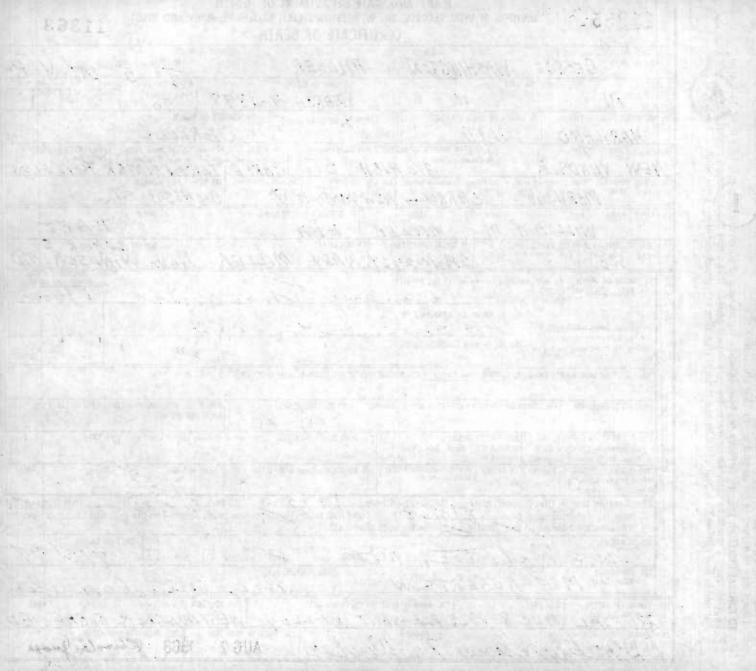
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Page 4 O FUNI directo	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)						
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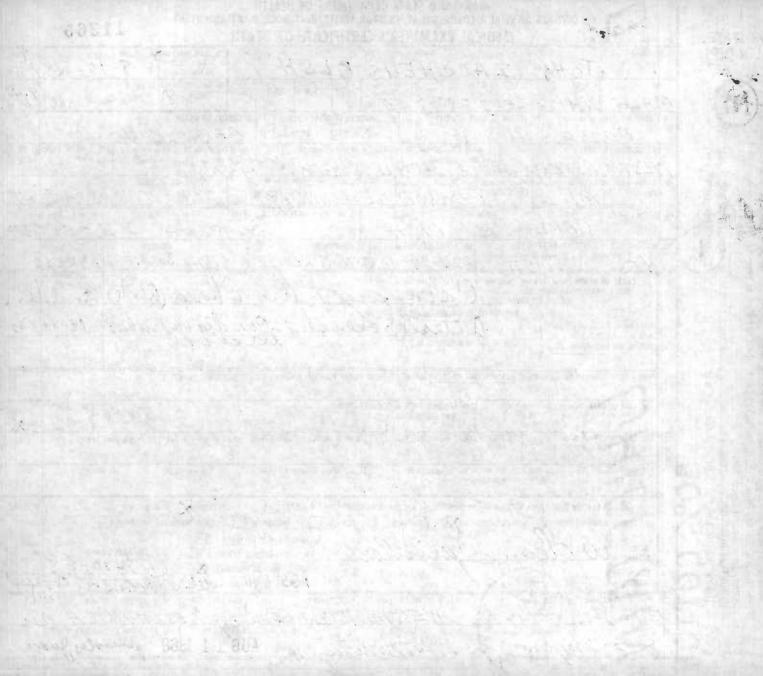
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11364 CERTIFICATE OF DEATH Lost DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR death. after death and (Type or print) :350 M 4. RACE AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 3. SEX lost birthdoy) HOURS August 30, 1885 haurs 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED | NEVER MARRIED country) WIDOWED M DIVORCED 24 ed attending physician way warmit. Then please remaye cabban par 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** crematian, or removal, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 6210 CRATA 14. FATHER'S NAME Middle 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o Conditions, if ony, which gove; signed by the burial-transit p rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detached far use as the State Dept. of Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at wark 220. I certify that (this hospital) attended the deceased fram. March 28, 1966, ta August 25, 1968, that (we) last sow the deceased olive on Bojost 25 1968, and that in (we) (our) opinion death accurred on the date and hour and from the 3 shauld director, page 3 shauld should be filed with the couses stoted obove, ((we) (did) (view the body after deoth. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22e. ADDRESS PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) WINCHESTA VR A15 (4) 30M REV. 1/68

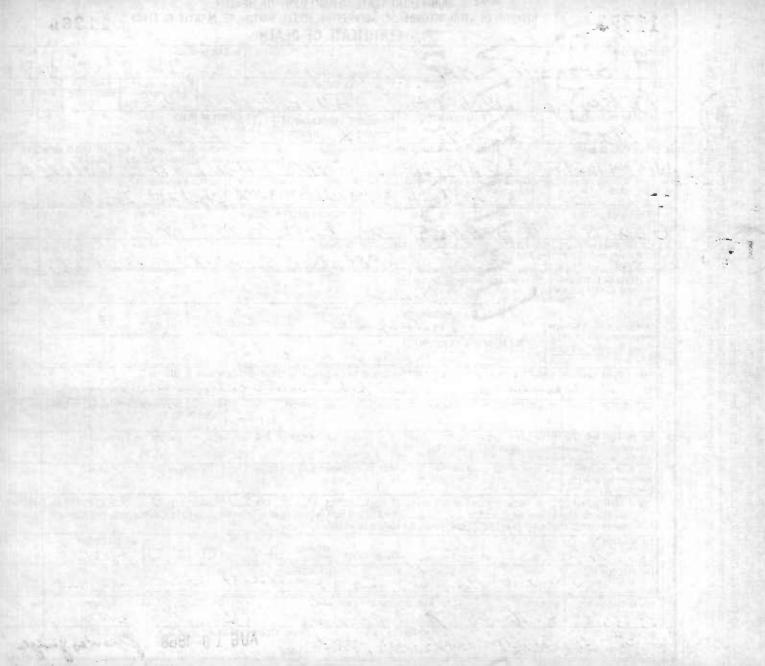
MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN (Type or Print) ESTI-DEATH MATED 3. SEX IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD AGE (In years last birthday) 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED [with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? ed lived, if institution: Residence before 13c. odmission) STATE 13b. COUNTY 28 WESTMORFLA Office and 2 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First pencil in I Examiner's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. (Yes, ne, ar unknown) to; (a), (b), and (c).) CAUSE OF DEATH (Enter only one cause per ling the Chief Medical withi PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gave rise to immediate cause (a), shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal, nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) NOT WHILE AT WORK AT WORK please execute 22a. I certify that I took charge of the remains described above, held an Autopsy FUNERAL DIRECTOR: ond in my opinion Inspection Inquiry Natural causes Undetermined manner deoth resulted from: Accident Suicide Homicide CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health 100 Est Steel Medowand Color NAME (Type the 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR ATSME (5)

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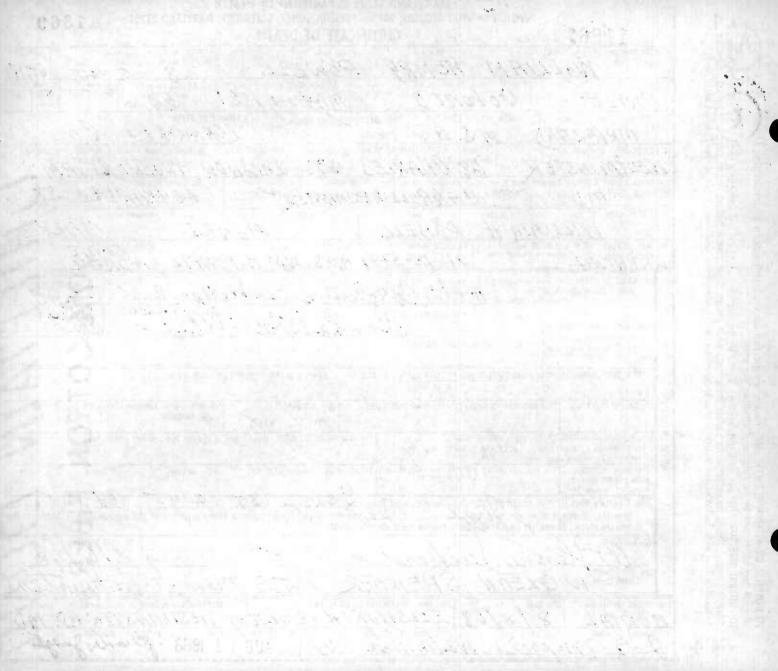




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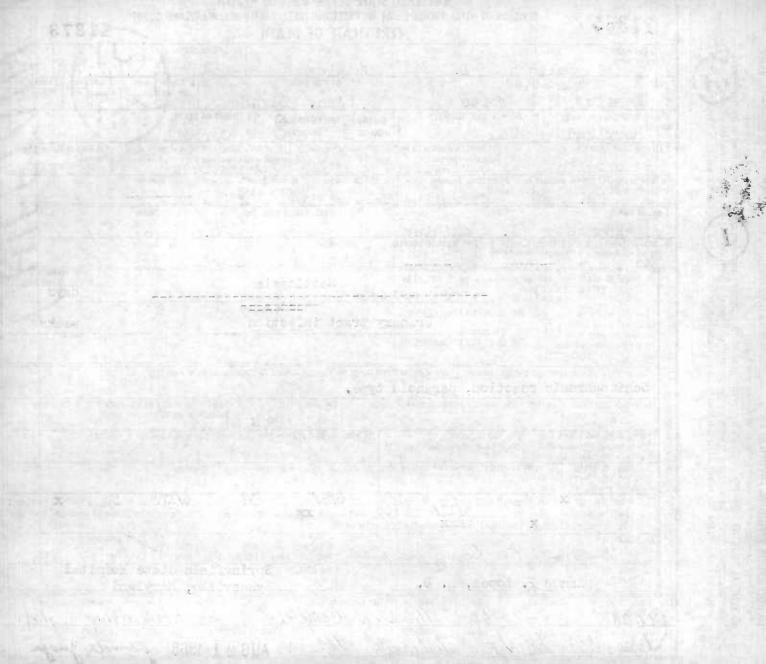
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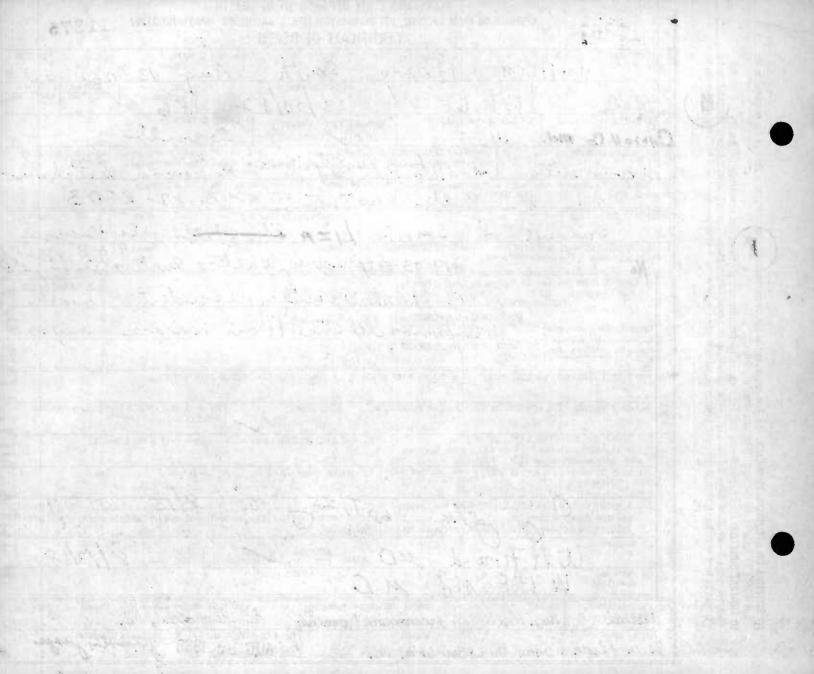
MARYLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11375
		11367 CERTIFICATE OF DEATH
£ _ ~ £		CEASED-NAME First, Middle Lost 20. DATE OF DEATH 2b. HOUR
er death. funerol I and 2 ier deoth.	(1)	pe or print) WILLIAM It CALL SMITH Aug Month 13 DOY 1860 10
fun	3. SEX	
urs after	- A	Male White 3/20/82 lost birthdoy) YRS. MONTHS DAYS HOURS MIN
- G - G - G	70. B	IRTHRACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
in 24 ho illed in papers. hin 72 h	C	pro/ Co md. USA WIDOWED DIVORCED Carroll M.
executed within 24 hours after death of completely filled in by the funeral amove corbon papers. Pages 1 and 2 any event, within 72 hours are death	10. CI	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 12b. KIND OF BUSINESS OR INDUSTRY I Low Grant of working life, even if retired.) INDUSTRY
bon with	_/	Walnuther White outlos AN Rulespark Walchman
plete corl	13o.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13fb. COUNTY 12d. 18th COUNTY 12d. 18t
complete com		My Bally lements as Sox 2 1115
By B	14. F.	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
		Samuel H Smith LIZA Flingbeth Sullivon
10000000000000000000000000000000000000	160. Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY N
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ot the death cer the ottending p nsit permit. The mation, or remo		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:
ne death ottendii permit. ion, or re	П	IMMEDIATE CAUSE (0) Carellande Variation Consideration Consideration
he off		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)
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s the sign of the		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.
equires that the death certificate physician. signed by the ottending physician buriol-transit permit. Then please buriol, cremation, or removal, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	П	4 2 0 0
aw ndin beer the	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law requires th ottending physician has been signed by se os the buriol-tro th prior to buriol, cre	CERTIFICATION	YES NO CAUSES OF DEATH?
DING PHYSICIAN: The law requires that the death by the hospital or ottending physician. After this certificate has been signed by the ottendin be detached for use os the buriol-transit permit. State Dept. of Health prior to buriol, cremation, or re		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
CIA ifficial and an analysis of Figure 1	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
YSI cert chec pt. c	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
this this De		While Not while of work of work
ING Dy the Ter Ter tate		220. I certify that (1) (this hospital) attended the deceased from 7/2-3, 1962, ta 8/13, 1962, that (1) (we) last
ed led lid lid libe S		saw the deceased alive an19 & and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above (1) (we) (did) (did not) view the body ofter death.
TION TO THE		22b. SIGNATURE 22c. DATE SIGNED
OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificate ge 3 should be detoched for uped with the State Dept. of Health	П	(1) 1/ Frow-d MD DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 0 8/13/68
AL O		22d. PHYSICIAN'S 22e. ADDRESS
ERA ERA J. P		NAME (Type) W. It to Ard M.D
TO HOSPITAL OR ATTENDING PHYSICIAL Poge 4 moy be retoined by the hospital TO FUNERAL DIRECTOR: After this certific director, poge 3 should be detoched for should be filed with the State Dept. of H	230.	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Aug. 16.68 Greenmount Cemetery Hampstead, Md.
55 5 2		Aug. 16,68 Greenmount (emetery Hampstead, Md.
VR AIS (II)	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR SIGNATURE ALIG 1 5 1968 FOR ALIG 1 5 1968
30M REV 1/68	1	. F. Eline & Sons Reisterstown, Md. DATE AUG 15 1968 Thanks



1		11368		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	11376
death.		ECEASED-NAME First Type or print) W11	Middle liam Joshua	Stansbury	2a. DATE OF DEATH August Day	Year 1230 M
	3. SE	Male	4. RACE White	S. DATE OF BIRTH March 1, 18	8. AGE (In years last birthday) YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
	7o. I	BIRTHPLACE (Stote or foreign htry) Maryland	75. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Carroll	Md.
0		Westminster	13. NAME OF HOSPITAL OR IN: give street address) Carroll Com	unty General during m	AL OCCUPATION (Kind of work done not of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Farming
06	13a. adm	USUAL RESIDENCE (Where decease sisting) STATE Marylan	ied lived, if institution: Residence before d 13b. COUNTY Carroll		limits? 13e. STREET AND NUMBER 7 Mill Aven	
1		ATHER'S NAME First Albert			ry M.	Devilbiss
	16a. Y	was deceased even in u.s. and es, 770 or unknown) (If yes give w	AED FORCES? 16b. SOCIAL SECURITY 213–26–97		sbury, R#2, Thu	rmont, Md.
		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	If y one cause per line for (o), (b), and (c). D BY: ATE CAUSE (a)	Twie Hear Foil	wal	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	oscherate Least	Descen	
		rise to immediate cause (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	- The state of the		
60	_	PART 2. OTHER SIGNIFICANT COL	NOTITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
2	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	2Db. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEA! (If either, natify medical exami	TH HOUR A.M. Manth Doy Year		er nature of injury in Part 1 or Part 2,	Item IB.)
	ME	21d. INJURY OCCURRED While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		o. City ar Town	Caunty State
	K	22a. I certify that (I) (the saw the deceased a causes stated above	is hospital) ottended the deceose live an	ed from and 7, 19.6 967, ond that in (my) (aur) ap bady ofter death.	inian deoth occurred on the do	65, that (I) (we) last ite and hour and from the
		22b. SIGNATURE	,		MED. STAFF DIRECTOR PHYS. 22c.	DATE SIGNED
1		22d. PHYSICIAN'S NAME (Type)	HN S. HARSHE	22e. ADDRESS		witer, my
	230.	BURIAL, CREMATION, 23b. REMOVAL (Specify) Au	g. 18, 1968 Keysv	CEMETERY OR CREMATORY ille Cemetery	23d. LOCATION (City or Town) Keysville C	(County) (State) arroll Md.
630		FUNERAL DIRECTOR	hum. Still ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	

MAKILAND STATE DEPAKTMENT OF HEALTH

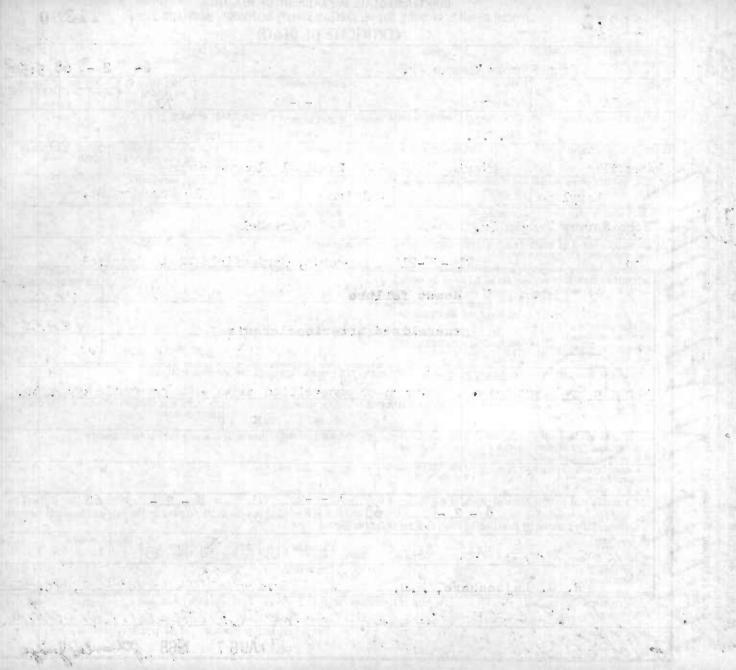
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- 1		MARYLAND STATE DEPARTMENT OF HEALTH	
10		1363 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11377
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
6	1. D	OF FETTI	Yeor 2b. HOUR
	,	MAOMI MANGART O LUY DEATH MATED & D-	18 188 · M
	3. SI	lock hydrodyn) MONTUS DAYS WOURS ANN	1 60 19 19 19 C
ŭ		F. N. MAY 21, 1892 76 YRS. MONTH 8-18 DOY	Year 68 PM
		IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	TEN FRANCE
	coun	MIDOWED DIVORCED CAME OF COMMENTS	Md.
1	10. C	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during, most of working life, even if retired.)	2b. KIND OF BUSINESS OR
10	n	ESTIMINSTER 176 PENNA AVE, HOUSE-WITE	NOOSIKI
nl	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE ELIY LIMITS? 13e. STREET AND NUMBER Imission) STATE MORGING COUNTY CARDOIL WESTER YES PRO 1	0.0
00	_	THE PARTY OF THE P	A.HUE.
1	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	1 de la lost
		DI WELLINGTON MAYERS ANNA REBECCA	KUHNU
		VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT PORFERT A. MAYERS LITTLES:	TOUGH De
		NO ROBERT A. MATERS, LITTLES	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	er.	IMMEDIATE CAUSE (a)	Silvelial 4
		4/29 DUE TO, OR AS A CONSEQUENCE OF	0.711
		Conditions, if ony, which gove rise to immediate cause (o). (b)	2-3900
		stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
		(C)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
	NOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
0	ICAT	WAS PERFORMED?	YES NO NO
1	CERTIFICATION	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
	CAL	PRIMARY OR CONTRIBUTING HOUR A.M.	10.)
	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE AT WORK AT WOR	31016
			and in any opinion
		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinian
		death resulted fram: Natural causes A., Accident , Suicide , Hamicide , Undetermined manner	
	-	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHI	GNED
		SIGNATURE AND ASSISTANT MEDICAL EXAMINED	-18-68
7		NAME (Type)	A. A. O
	236	- Shan was min	County) (Sylva)
	250	Specific 1 8/2 1/10 11/14 CFMFTFRY TANTOTONION	MD
	24.	EUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SH	SNATURE
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- 1	MARTLAND STATE DEPARTMENT OF HEALTH
	11373 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 cac 11381
L	11373 Items 23c & 23d, terrificate of DEATH ers F. H. 8/9/68 cac 11381
1.	DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type ar print) MDDC_UD1 FIREDT LCD1 77
L	MITANTHALL REDERI WALL & 6 68 /2 M
3.	S. DATE OF BIRTH S. DATE OF BIRTH ADDIT 6. AGE (In yeors If UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN.
7.	1112 11116 11PAIL 3,1903 6 - VRS.
	o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
10	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
10	MESTMINISTER give street address DLL CO. GEN. Holduring most of working life, eyen if retired INDUSTRY OF BUSINESS OK
13	3a. USUAL RESIDENCE (Where deceosed lived, If institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
ac	dmission) STATE MARKY AND COUNTY ARPOIL WESTMINISTERS NOW 6/8/BALTO, BLUD.
14	4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost
L	RENO S. WALTZ MARTHA ELLEN EDMONDSON
16	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) L (If ye give wor or dotes of service) Address Address
=	Yes, no, or unknown) Lift y's give wor or dates of service) 24-01-1736A MRS. MARSHALL E. WALTZ, APPRES
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
	IMMEDIATE CAUSE (a) DELIVERY CYCLE C
	Canditions, if any, which gave) (b) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) LEFT VPPER LOBE -
T	rise to immediate cause (a). stating the underlying couse (b) LEFT UPPER LOBE DUE TO, OR AS A CONSEQUENCE OF
	lost. (c) ADVANCED
ı	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
1 3	z 1/62/
CATI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 21c. HOW INUIRY OCCURRED. (Finer nature of injury in Part 1 or Part 2. Item 18.)
CDTIE	YES NO CAUGES OF DEATH? YES NO FINAL PORT 1 or Port 1 o
MEN	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year 101 (If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City ar Town Caunty State
	While Not while of work at work
	220. I certify that (1) (this haspital) attended the deceased from \$12.19.68. to \$16.19.68. that (1) (we) last
	saw the deceased olive on 1960, and that in (my) (our) opinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady ofter death.
	22b. SGNATURE 22c. DATE SIGNED
	Thursens huser & Moderne Phys. Brector Phys. Staff 200 Staff 10 Staff
I	DIA PHYSICIAN'S 220 ANDRESS
1	NAME (Type) Westminster Carroll Co.
23	3a. BURIAL, CREMATION, 23b. DATE, 23c. NAME OF CEMETERY TOR CREMATORY 23d. LOCATION (City or Town) (County) (State) Md.
L	BURTAL 8/9/68 EVENGREHEN MANTGARDENS HINKARDING, MD.
24	4. FUNFRAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	J's rayer of washingler, Ma DATE AUG 8 1968 Schooles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3 8 9 CERTIFICATE OF DEATH death. death uneral and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH W. COUNTY a. COUNTY o. STATE Marvland Baltimore after Carroll MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b Sykesville, Md. Baltimere .Md. 2vrs 6me 19da hours d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? 250h Mosher St. Springfield State Hespital NO PC Dd NAME OF Middle 4. DATE Day Year car ban DECEASED 68 August 19 Norman Lawrence Wantz DEATH executed IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE SFX 7. MARRIED NEVER MARRIED lost birthdoy) burial, crematian, ar remaval, and in any ev Months White Hours Male WIDOWED DIVORCED and 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR requires that the death certificate be COHNERY? attending physician operate Jermit. Then please during most af warking life, even if retired) INDUSTRY Marvland 14. MOTHER'S MAIDEN NAME Anna Mae Mensel 13. FATHER'S NAME Edwin Franklin Wantz 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Springfield Hesp. Records, Sykesville, Md. (Yes_no, or unknown) (If yes give war or dates af service 217-50-4020 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove (b) rise ta immediate couse (a), DUE TO stoting the underlying cause Page 4 may be retained by the haspital ar attending been priar ta as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

B.S. assoc. with brain trauma gross force without Qualifing phrase.

B.S. assoc. with conv. disorder without Qualif. Idiopathic severe. WAS AUTOPSY PERFORMED? has be detached far use State Dept. af Health NO r this certificate h 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 1B.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 2De. PLACE OF INJURY (Home, form, (City or town) (County) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at work , to 8-27 21. I certify that (1) (this haspital) attended the deceased fram 2-8-66 19.68 that (IX(we) last 19 68 and that death accurred at6 am M, fram causes and an the date stated above saw the deceased alive an 8-27 O FUNERAL DIRECTOR: 22a. SIGNATURE ATTENDING M.D. DIRECTOR be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Springfield Hosp, Sykesville, Md. director, I shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION, Burial (Specify) Glen Haven Cemetery Glen Burnie, Maryland
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Witzke, 4101 Edmondson Ave., 21229 1968

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